



**ICAP**

International Center for  
AIDS Care and Treatment  
Programs

# **Nurse Clinical Preceptors in the EC**

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# ICAP Support in Rural EC

## Quakeni

- pop. 604,350
- regional hospital: St. Elizabeth's
- district hospitals: Greenville, St. Patrick's, Holy Cross
- PHCs: 45
- Pharmacists: 4

## Mzimkulu

- pop. 166,426
- regional hospital: none
- district hospitals: Rietvlei, St. Margaret's
- PHCs: 15
- Pharmacists: 2

# Holy Cross Hospital area example

## PUBLIC HEALTH SYSTEM

- approx. 200,000 population
- 5 full-time doctors, ONE active in ARV program
- 1 community service pharmacist at hospital
- no district pharmacist
- 2 pharmacy assistants

## SOME MATH

- 200,000 pop. x est. .20 prevalence of HIV = 40,000 x .10 (conservative estimate of AIDS defined patients) = **4,000 patients in need of ARVs TODAY**

# WHO is going to provide care?

- 1 pharmacist to 200,000 population
- 1 doctor to 40,000 population
- nurses are working at PHC level
- patients are at PHC level (>60% RURAL)



# Needs Assessment

- Training/mentorship of doctors & nurses at district hospital and nurses at PHC level in HIV care and treatment
- Initial placement of 3 doctors and 2 nurses per rural site (total of 9 & 6 respectively)
- Posts advertised through collaboration with RTC January 2005

# Definitions

mentor: a trusted counselor or guide

preceptor: teacher, tutor

# HR outcomes

## 6 nurses hired

- ICAP had targeted primary health care nurses, however only one with advanced practice education (pediatric post-basic training) applied
- none with HIV treatment experience

## 1 doctor hired

- only 3 applicants for 6 posts despite repeated advertisements in national papers
- no HIV treatment experience



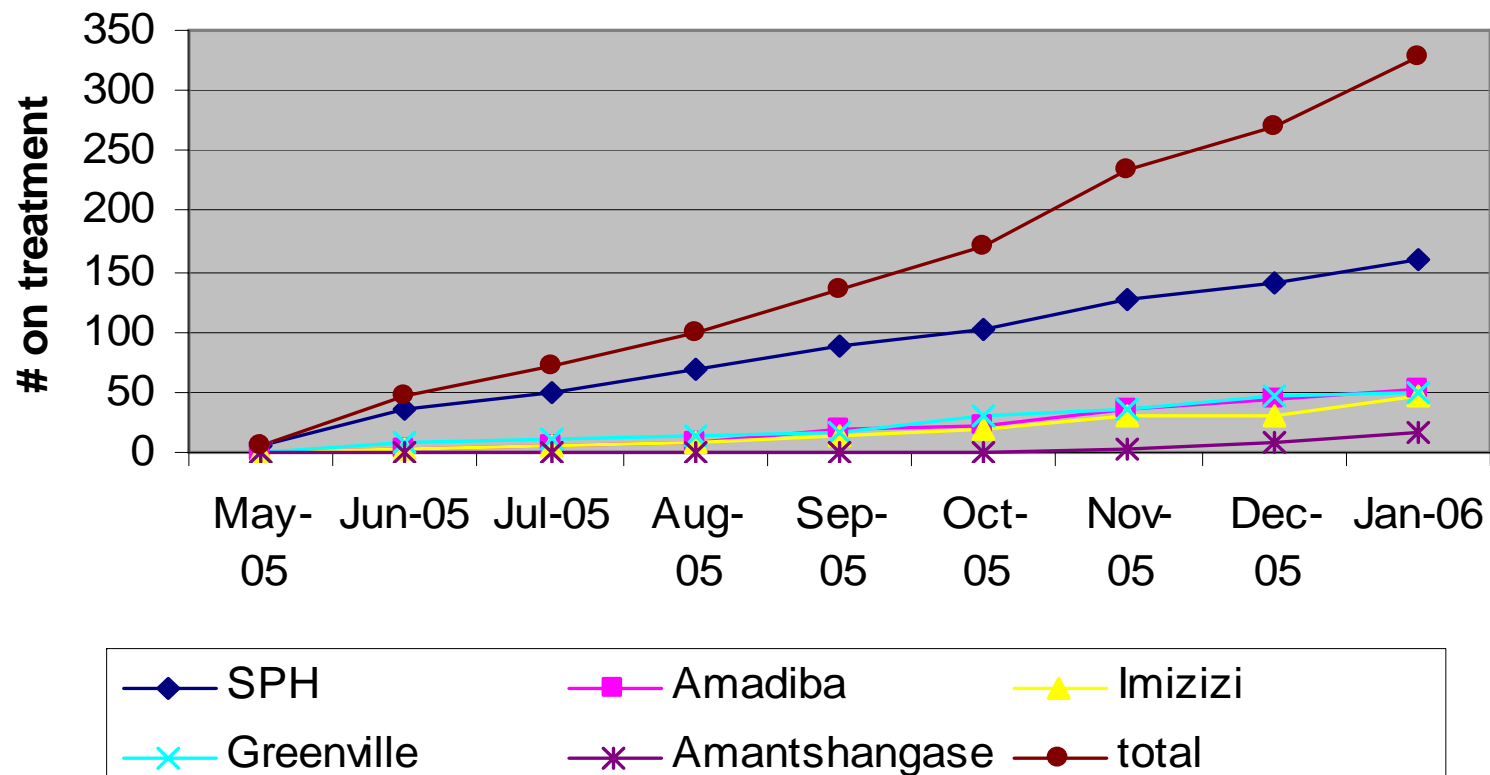
# Clinical Nurse Preceptors

- one month of intensive training
  - physical exam skills
  - HIV care and treatment, including FPD's 3-day HIV Management for Nurses
  - review of current guidelines
  - logistics, reporting
  - case studies
  - site visits
- “on the job training” with weekly case reviews

# Timeline

- April 2005: 2 nurses each placed at SPH, HCH, and RH in the ARV clinics at district hospital level
- April 2005 - present: RTC/ICAP preceptors doing combination of mentoring & clinical work (site dependent)
- June 2005: Outreach to PHCs began
- November 2005: 5 “feeder clinics” at each of sites involved in HIV care
- End 2005: Conditional Grant allowed for DOH hiring of staff at hospital HIV clinic level
- February 2006: Two clinical nurse preceptors resign

# St. Patrick's Example



# Challenges

- service rather than mentoring
  - human resource shortage
  - acceptance of responsibility by hospital staff & clinic nurses
- inexperienced HIV clinicians as preceptors
  - inappropriate management of patients
  - inability to advise others
- retention of employees
- knowledge of how to be a mentor

# Future

- improve mentoring skills & utilize the 4 nurse preceptors in “rolling out” to other PHCs
- pilot intensive mentorship program in Mbizana
- hire experienced advanced practice nurses, local or international
- link training curriculum with clinical practicum
- work with Fort Hare and other nursing school on HIV training curriculum; consider HIV Clinical Nurse Specialist post-basic training program
- develop clinical support network with HIV specialists
  - Stellenbosch University
  - ITECH

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